

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund		FEC IDENTIFICATION NUMBER ▼ C C00053553	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee National Rifle Association of America			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 02 / 2016		
Mailing Address 11250 Waples Mill Road			Amount 3447.77		
City Fairfax	State VA	Zip Code 22030	Transaction ID : 71560319		
Purpose of Expenditure Salary / Benefits		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Sen. Rob Portman		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee National Rifle Association of America			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 02 / 2016		
Mailing Address 11250 Waples Mill Road			Amount 1354.98		
City Fairfax	State VA	Zip Code 22030	Transaction ID : 71560321		
Purpose of Expenditure Salary / Benefits		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Sen. Ron Johnson		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI		
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4802.75
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	4802.75

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Rose Adkins

[Electronically Filed]

Date

 MM / DD / YYYY
06 / 02 / 2016

Signature